

## EXHIBIT 1 -- INSURANCE COVERAGE REQUIREMENTS

✓ INDICATES WHAT TYPE OF INSURANCE IS REQUIRED

<u>TYPE OF INSURANCE</u>		<u>LIMITS OF LIABILITY</u>	
		Each Occurrence	Aggregate
<b>GENERAL LIABILITY</b>			
✓ Comprehensive Form	Bodily Injury	\$1,000,000	\$1,000,000
✓ Premises - Operations	Property Damage	\$1,000,000	\$1,000,000
Explosion & Collapse Hazard			
Underground Hazard			
<u>OR</u>			
✓ Products/Completed Operations Hazard			
✓ Contractual Insurance	Bodily Injury and Property Damage Combined Single Limit	\$1,000,000	\$1,000,000
✓ Broad Form Property Damage, Incl. Care, Custody Control			
✓ Independent Contractors			
✓ Personal Injury	Personal Injury	\$1,000,000	\$1,000,000
<b>AUTOMOBILE LIABILITY</b>			
✓ Comprehensive Form	Bodily Injury (Each Person)	\$500,000	
✓ Owned	Bodily Injury (Each Accident)	\$500,000	
✓ Hired	Property Damage OR	\$500,000	
✓ Non-Owned	Bodily Injury & Property Damage Combined Single Limit	\$500,000	
<b>EXCESS LIABILITY</b> (Over and above automobile and general liability)			
Umbrella Form	Bodily Injury/Property Damage Combined	\$1,000,000	\$1,000,000
<b>OR</b>			
✓ Excess Liability Gap Layer		\$500,000	\$500,000
✓ <b>WORKER'S COMPENSATION and</b>		Statutory	
✓ <b>EMPLOYER LIABILITY</b>		\$1,000,000	
<b>OTHER</b>			
Builder's All Risk	Amount of Contract Price	\$ _____	
Errors & Omissions (Professional Liability)		\$500,000	

Please indicate: Claims-Made Form: \_\_\_\_\_, Occurrence Form: \_\_\_\_\_,  
Extending Reporting Provisions Avail. \_\_\_\_\_

**The Contractor's insurance company must provide a certificate of insurance on the Lewis County form showing the above required coverage and modified to conform to the following endorsement. The following endorsement must also be signed by the insurer.**

FORM  
12.16.03  
CS-FACIL



LEWIS COUNTY, WA

**CERTIFICATE OF INSURANCE**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY.  
THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE  
COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED (Legal name and business address)		CERTIFICATE HOLDER:		<b><u>CONTRACT</u></b> <b><u>NUMBER</u></b>	
		LEWIS COUNTY, WASHINGTON DEPT. OF CENTRAL SERVICES		DATE ISSUED:	
		LEWIS COUNTY HISTORICAL COURTHOUSE			
		351 N. W. NORTH STREET CHEHALIS, WASHINGTON 98532			
PROJECT DESCRIPTION / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS:					
This is to certify that policies of Insurance listed below have been issued to the Insured named above for the policy period indicated.					
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	Date Policy Effective (MM/DD/YY)	Date Policy Expires (MM/DD/YY)	ALL LIMITS IN THOUSANDS
	GENERAL LIABILITY				<b><i>General Aggregate</i></b> \$
	<input type="checkbox"/> Commercial General Liability				Products Comp/Ops Aggregate \$
	<input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence				Personal & Advertising Injury \$
	<input type="checkbox"/> Owner's & Contractors Protection				Each Occurrence \$
	<input type="checkbox"/> Deductible \$				Fire Damage (Any One Fire) \$
					Medical Expense (Any One Person) \$
	AUTOMOBILE LIABILITY				CSL \$
	<input type="checkbox"/> Any Auto				Bodily Injury (per person) \$
	<input type="checkbox"/> All Owned Autos				Bodily Injury (per accident) \$
	<input type="checkbox"/> Scheduled Autos				Property Damage \$
	<input type="checkbox"/> Hired Autos				
	<input type="checkbox"/> Non-Owned Autos				
	<input type="checkbox"/> Garage Liability				
	<input type="checkbox"/> Deductible \$				
	EXCESS LIABILITY				Each Occurrence Aggregate
	<input type="checkbox"/> Other Than Umbrella Form				\$ \$
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY				STATUTORY \$ (Each Accident) \$ (Disease Policy Limit) \$ (Disease-Each Employee)
	OTHER				
ADDITIONAL PROVISIONS					
LEWIS COUNTY is included as additional insured as related to the above-mentioned project. Should any of the above described policies be cancelled before the expiration date thereof, the issuing Company must deliver or mail not less than 45 days written notice to the above Certificate Holder, per RCW 48.18.290					
COMPANIES AFFORDING COVERAGE			ISSUING COMPANY, AGENT OR REPRESENTATIVE		
NOTE: Attach a separate sheet to this certificate giving all the company names and their percentage of coverage, if clarification is needed.			NAME:		
			ADDRESS:		
C d A					

Authorized Signature \_\_\_\_\_  
Title \_\_\_\_\_  
Signature Date \_\_\_\_\_  
Signee Name \_\_\_\_\_